VALLEY MANOR NURSING HOME 916 EAST CLIFFORD STREET

PLYMOUTH 53073 Phone: (920) 893-4777 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 60 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/03): 60 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 59 Average Daily Census: 59

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	엉		20.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	1.7	More Than 4 Years	40.7
Day Services	No	Mental Illness (Org./Psy)		65 - 74	5.1		100.0
Respite Care Adult Day Care	No No	Mental Illness (Other)   Alcohol & Other Drug Abuse		75 <b>-</b> 84   85 <b>-</b> 94	6.8 66.1	   ************	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		   Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals Other Meals	No No	Fractures   Cardiovascular		   65 & Over		(12/31/03) 	
Transportation	No	Cerebrovascular				RNs	10.8
Referral Service	No	Diabetes	8.5	Gender	용	LPNs	6.0
Other Services	No	Respiratory	3.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.7	Male	8.5	Aides, & Orderlies	41.5
Mentally Ill	No			Female	91.5		
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	45	90.0	161	0	0.0	0	9	100.0	161	0	0.0	0	0	0.0	0	54	91.5
Intermediate				5	10.0	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	8.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		50	100.0		0	0.0		9	100.0		0	0.0		0	0.0		59	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services,	and Activities as of 12/3	31/03
Deaths During Reporting Period	1						
	I				% Needing		Total
Percent Admissions from:	I	Activities of	%		sistance of		Number of
	40.0	<u> </u>	Independent	One	Or Two Staff	Dependent I	Residents
Private Home/With Home Health	0.0	Bathing	11.9		64.4	23.7	59
Other Nursing Homes	26.7	Dressing	25.4		52.5	22.0	59
Acute Care Hospitals	13.3	Transferring	47.5		28.8	23.7	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	44.1		32.2	23.7	59
Rehabilitation Hospitals	0.0	Eating	84.7		3.4	11.9	59
Other Locations	20.0	*****	******	*****	*****	******	*****
Otal Number of Admissions	15	Continence		용	Special Treatm	nents	%
Percent Discharges To:	I	Indwelling Or Exterr	nal Catheter	3.4	Receiving Re	espiratory Care	15.3
Private Home/No Home Health	6.7	Occ/Freq. Incontiner	nt of Bladder	35.6	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	22.0	Receiving Su	ctioning	0.0
Other Nursing Homes	6.7	<del>-</del>			Receiving Os	stomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	ibe Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Me	chanically Altered Diets	15.3
Rehabilitation Hospitals	0.0				-	-	
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	86.7 i			0.0	Have Advance	Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	15 İ					ychoactive Drugs	62.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	i	All
	Facility	Based F	acilities	Fac	ilties
	%	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	90.1	1.09	87.4	1.12
Current Residents from In-County	94.9	83.8	1.13	76.7	1.24
Admissions from In-County, Still Residing	80.0	14.2	5.65	19.6	4.07
Admissions/Average Daily Census	25.4	229.5	0.11	141.3	0.18
Discharges/Average Daily Census	25.4	229.2	0.11	142.5	0.18
Discharges To Private Residence/Average Daily Census	1.7	124.8	0.01	61.6	0.03
Residents Receiving Skilled Care	91.5	92.5	0.99	88.1	1.04
Residents Aged 65 and Older	98.3	91.8	1.07	87.8	1.12
Title 19 (Medicaid) Funded Residents	84.7	64.4	1.32	65.9	1.29
Private Pay Funded Residents	15.3	22.4	0.68	21.0	0.73
Developmentally Disabled Residents	1.7	1.2	1.43	6.5	0.26
Mentally Ill Residents	25.4	32.9	0.77	33.6	0.76
General Medical Service Residents	23.7	22.9	1.03	20.6	1.15
Impaired ADL (Mean)*	39.7	48.6	0.82	49.4	0.80
Psychological Problems	62.7	55.4	1.13	57.4	1.09
Nursing Care Required (Mean)*	3.8	7.0	0.55	7.3	0.52